

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 1 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.200 441.151 & 440.160

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 266,284

b. FFY 2001 \$ 1,597,705

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 13d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 07/01/98, TN#98-19

10. SUBJECT OF AMENDMENT:

Revising payment methodology for Psychiatric Residential Treatment Centers

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09-29-00

18. DATE APPROVED:

October 20, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

C: Mike Fogarty
Billie Wright
Jim Hancock

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

- c. **Community-Based facility.** A RPTC that is independent (i.e., not part of a hospital or any other facility), and is fully accredited by JCAHO or AOA as a psychiatric facility or program. The RPTC must also be licensed as a child placement agency.
2. **Peer Groups** – For payment purposes, there are two peer groups: a) Hospital-based and freestanding; and b) community-based RPTCs.
- a. **Hospital-Based and Freestanding RPTCs** – The statewide median component rates were calculated using 1989 audited cost reports according to the methodology described on Attachment 4.19-B, page 13. Payment will be an all-inclusive per diem. The facility must furnish either directly or under arrangements, all non-physician services, including prescribed drugs.
- b. **Community-Based RPTCs** – The statewide median component rates were calculated using 1990 audited cost reports according to the methodology described on Attachment 4.19-B, page 13. Payment will be made for routine per diem services, exclusive of ancillary and physician services. Ancillary and physician services will be reimbursed separately on a fee for service basis.
3. **Adjustments**

Effective July 1, 1998 peer grouped statewide median operating and movable equipment per diem rates for RPTCs will be updated using the DRI fourth quarter index's forecast for the midpoint of the upcoming state fiscal year (e.g., 2.4%) and the HCFA PPS-type Hospital marketbasket weight assigned for compensation (e.g., 61.39%). Example: FY99 rate = FY98 statewide per diem operating and movable equipment rate x update factor (1.0147). Effective August 1, 2000 the statewide median operating and movable equipment per diem rates for RPTCs will be updated by multiplying the prior year per diem by a factor of 12%. A state plan amendment will be submitted to update future rate periods.

STATE	Oklahoma	A
DATE REC'D	07-27-00	
DATE APP'D	10-20-00	
DATE EFF	08-01-00	
HCFA 179	00-15	

Revised 08-01-00

TN #

00-15

Approval Date

10/20/00

Effective Date

08/01/00

Supersedes

TN #

98-19